

Practice Standards for Visiting Families
Children's Social Care and Early Help Services

January 2022

1.0 Introduction

1.1 The practice standards set out in this document are mandatory and must be adhered to, in both detail and principle. They set out the expectations for all social work and early help teams across the directorate as well as other associated teams such as the Youth Offending Service. It is important that all relevant staff understand these standards and put them into practice. As with all areas of Children's Services, it is vital that individual professionals understand the need to apply these standards with both thought and care. Professional judgement will be required in the application of these standards and it is vital that a clear rationale is adopted by case holders and managers for why they chose a particular course of action.

1.2 These standards are in place to keep children and young people safe. Our default practice standard is for visits to children, young people and their families to take place wherever possible in line with agreed timescales and statutory requirements.

1.3 The Covid-19 virus will be present to a lesser or greater extent in our communities for an indefinite period of time. The safety of our staff is incredibly important, and we must act with care to stay safe; this means asking for advice when in doubt, risk assessing situations and scenarios, continuing the use of Personal Protective Equipment (PPE) and adhering to government guidance.

1.4 Our priority remains to ensure that children and young people are safeguarded and that visits continue to take place unless it is not possible to do so.

2.0 Visits to Children and Young People from 24 January 2022

2.1 The expectations are that:

- a) Home visits take place face to face.
- b) Each visit will be risk assessed and approved via the normal line management and oversight process. Where our staff or the children, young people or their families fall into a higher risk category such as clinically extremely vulnerable, then the risk assessment must consider any additional measures that might be required.
- c) For planned home visits, a Covid risk assessment will be carried out over the phone. On arrival at the address, a further assessment will then be completed on the 'doorstep' before entering the family home.

- d) All visits should reflect current national and local Covid safety guidance and advice which may include social distancing and in cases where risk is high, the use of appropriate PPE.
- e) It is not a legal requirement for staff to regularly test for Covid using rapid lateral flow tests, but the introduction of access to universal rapid testing, supports risk management in residential settings and provides added assurance when visits are conducted to a family in the home. Staff working in the community should consider twice weekly testing at home, with rapid lateral flow test (LFT) kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.
- f) All visits to children, young people and carers conducted in line with the Children Act 1989 will be actual visits. The frequency of these visits will be in line with statutory guidance and local protocols.
- g) Where a family reports that their household is self-isolating, social workers and managers should assess whether the visit can be delivered virtually. The decision to undertake a virtual contact over an actual visit must be carefully risk assessed with due regard to child/young person's circumstances and safety.
- h) Virtual contacts can only take place if signed off by a **Head of Service**. It is expected that where risk and need of the individual is high actual visits will take place. The rationale adopted must include reference to risk and be clearly recorded as a management oversight on the child's file.
- i) All visits will be subject to performance data analysis to ensure compliance.

2.2 Statutory meetings, professionals' meetings of all types, including case conferences, looked after reviews, core groups and strategy meetings may continue taking place using existing technology where appropriate and suitable for the child/family.

2.3 The rationale for how a meeting is constructed must include relevant views of the child, young person and family.

Palvinder Kudhail, Interim Service Director, Children's Social Care

Simon James, Interim Service Director, Education

January 2022

Appendix. 1

Case type	Minimum frequency of visit (or contact where relevant) from November 2020
Assessment (Where a child has an open assessment and no active plan)	Within 5 days of referral and then every 20 working days.
CP	10 working days (2 weeks)

Children subject to a care order placed at home with parents	10 working days (2 weeks)
CIN	20 working days (4 weeks)
CLA	30 working days (6 weeks)
CLA LTF	60 working days (12 weeks)
CWD OTR	65 working days (13 weeks)
Care leavers	40 working days (8 weeks)